

Section 2

Service Specifications

I. Introduction

A. Background

The Department of Human Services (DHS), Social Services Division, Child Welfare Services Branch provides social and case management services to children and their biological, extended, resource foster, or adoptive families to ensure safe, nurturing, and permanent families for Hawaii's children.

The Department of Human Services was awarded its first "Promoting Safe and Stable Families" Title IV-B subpart 2 grants in September 1994. Title IV-B/2 has been reauthorized through federal fiscal year 2014.

B. Purpose or Need

Each year families on Oahu adopt or assume legal guardianship or permanent custody of approximately 300 children. Children adopted from the Department's foster care system often face a variety of physical and emotional special needs, such as depression and anxiety, mental illness, sexual acting out, fetal alcohol syndrome or effect, attention deficit disorder, attachment disorders, learning disabilities, speech and language impairments, and other disabilities. Families need information, support, and in some cases, intensive services to strengthen and enable them to handle the challenges of parenting. Pre- and post-permanency services are critical to achieving permanent, stable, and nurturing families for children, as well as maintaining those families who have already adopted or assumed legal guardianship of children on the island of Oahu.

The Department of Human Services is seeking proposals for the provision of Title IV-B, Subpart 2 services to achieve safe, nurturing, and permanent families for children. Services include family support, family preservation, time-limited family reunification, and adoption promotion and support.

- i. Family support services are community-based services which promote the well-being of children and families. They are designed to increase the strength and stability of families, to increase parents' confidence and competence in their parenting abilities, to afford children a stable and supportive family environment, to enhance child development, and to prevent or remedy the abuse, neglect, or exploitation of children.
- ii. Family preservation services are services for children and families that are designed to help families at risk or in crisis. Family preservation services include:

- Preplacement preventive services programs, such as intensive family preservation services designed to help children at risk of foster care placement remain safely with their families.
 - Service programs designed to provide follow-up care to families to whom a child has been returned after a foster care placement.
 - Respite care of children to provide temporary relief for parents and other caregivers (including resource foster parents); and
 - Services designed to improve parenting skills by reinforcing parents' confidence in their strengths, and helping them to identify where improvement is needed and to obtain assistance in improving those skills with respect to matters such as child development, family budgeting, coping with stress, health, and nutrition.
- iii. Time-limited family reunification services are the services that are provided to a child that is removed from a child's home and placed in a resource foster family or a child care institution. The services are designed to facilitate the reunification of the child safely and appropriately within a timely fashion, but only during the 15-month period that begins on the date that the child is considered to have entered foster care.

The services provided are the following:

- 1) Individual, group, and family counseling.
- 2) Residential or outpatient substance abuse treatment services.
- 3) Mental health services.
- 4) Assistance to address domestic violence.
- 5) Services designed to provide temporary child care and therapeutic services for families.

6) Transportation to or from any of the services and activities described in this subparagraph.

- iv. Adoption promotion and support services are services and activities designed to encourage more adoptions out of the foster care system when adoptions promote the best interests of children, including such activities as pre- and post-adoptive services and activities designed to expedite the adoption process and support adoptive families.

C. Planning activities conducted in preparation for this RFP:

Information from funders (legislature, federal agencies, private foundations, etc.) on funding terms and conditions;

Information from other state agencies on services to the same target group;

Views of service recipients and community advocacy groups on conditions affecting achievement of desired goals;

Information from POS monitoring and other reports from current contracts; and

Other data (socio-economic and health trends, waiting lists for services, client satisfaction surveys, etc.).

Views of PROVIDER organizations on how to improve service specifications; a request for information (RFI) process was used for this purpose.

The RFI was posted on the Procurement Notice System (PNS) website on [REDACTED]. Information for the RFP was gathered at a request for information (RFI) meeting(s) held on [REDACTED]. The RFI meeting was attended by [REDACTED] individuals representing [REDACTED] agencies. The information gathered highlighted the need for pre- and post permanency services for adoptive and permanent families.

D. Description of the goals of the service

The goals of the service reflect the three broad outcome domains in the continuum of child welfare services: safety, permanency, and child and family well-being. The goals of the Child Welfare Services Branch are:

1. Reduce the recurrence of child abuse and/or neglect.
2. Reduce the incidence of child abuse and/or neglect in foster care.
3. Increase permanency for children in foster care.

4. Reduce time in foster care to reunification without increasing re-entry.
5. Reduce time in foster care to adoption.
6. Increase placement stability.
7. Reduce placements of young children in group homes or institutions.

Service activities shall be based on the principles of family-centered, strengths/needs-based practice. The guiding principles of family-centered based practice in Child Welfare Services Branch are:

1. The safety of children is the paramount concern that must guide all child welfare services and when making service provision, placement, and permanency planning decisions.
2. Reasonable efforts to maintain and reunify families are important. However, when it is determined that the child's safety in the family cannot be assured due to certain aggravated circumstances or after a period of 12 months of service activities, the Department shall move towards a permanent placement for the child. Thus risk and safety assessment skills are important in maintaining the quality of decision making in child welfare services.
3. Family crisis provide opportunity to the families to address problems. When timely, high quality and appropriate services are provided to families in crisis, family members, Child Welfare Services Branch staff, and Family Courts are able to make informed decisions about biological, resource foster, or adoptive parent's ability to protect and care for their children.
4. If children cannot remain safely in their homes, foster care and other temporary placements must consider each child's need for attachment. Every child needs enduring relationships with adults and needs to belong to a family. If safety cannot be assured with the biological family, children are entitled to safe, nurturing, permanent families.
5. Service activities must be comprehensive, coordinated, and collaborative and provided in all designated geographic areas under the contract.
6. Service activities must be developed in partnership with families and should be competent, culturally appropriate and responsive to the strengths, needs, values, and preferences of each child and family, and delivered in a manner that is respectful. Service activities must address the physical, social,

- emotional, and educational needs of the child and the family's ability to protect the child. Service activities must provide clear and attainable goals and objectives for each participant.
7. Service activities must empower families to help themselves and to gain and maintain mastery and control over their ability to protect their children.

E. Description of the target population to be served

Families with children where parents or other primary caregivers have substance abuse and/or other mental health needs that 1) are referred by CWS or other professional agencies; and 2) are victims or area at-risk of child abuse and/or neglect. CWS referrals shall have first priority.

1. Geographic coverage of service

The geographic coverage for this service is the island of Oahu. Assurance must be given that the entire island will be provided the full range of contracted services.

2. Probable funding amounts, source, and period of availability

The funding for services under this RFP is approximately \$139,000 for FY 2010 and \$139,000 for FY 2011, and is subject to availability.

Additional funding may become available over the life of the contract, and the sources of funding may change. Funding for any given year or for the contract as a whole may increase up to 300% of the original amount without being considered a fundamental change according to section 3-149-303(d) of Hawaii Administrative Rules. Increases are subject to availability of funds, program utilization, and satisfactory performance.

II. General Requirements

A. Specific qualifications or requirements, including but not limited to licensure or accreditation of applicant.

1. The applicant shall comply with Chapter 103F, HRS, and Cost Principles For Purchases of Health and Human Services identified in SPO-H-201 effective 10/1/98), which can be found on the SPO website (See Section 5, POS Proposal Checklist, for the website address).
2. The applicant shall also comply with the applicable federal cost principles if awarded federal funding. The following are federal cost principles and applicable regulations which can be accessed on the federal website:

Office of Management and Budget Circular (OMB) A-122, "Cost Principles for Non-Profit Organization"

Website <http://www.whitehouse.gov/omb/circulars/a122/a122.html>

OMB Circular A-87, "Cost Principles of State, Local, and Indian Tribal Government"

Website <http://www.whitehouse.gov/omb/circulars/a087/a087-all.html>

Code of Federal Regulations

Website <http://www.access.gpo.gov/nara/cfr>

FEDERAL INFORMATION IN THE AREAS OF COST PRINCIPLES REGULATIONS ARE NOT LIMITED TO THE WEBSITES LISTED ABOVE.

3. The applicant shall also comply with the requirements of the federal grant awarded federal funding. Federal grant funding includes:

C.F.D.A #93.558 TANF Block Grant

Website <http://www.cfda.gov>

4. The applicant shall arrange for a financial and compliance audit to be done and submitted to the DHS as directed in accordance with "Government OMB Circular A-133" if Applicant expends \$500,000 or more in federal funds in a year.
5. The applicant shall refund to the State any funds unexpended or expended inappropriately.
6. The applicant shall be a profit corporation under the laws of the State of Hawaii or non-profit organization as determined by the Internal Revenue

Services to be exempt from the federal income tax.

7. If a non-profit corporation, applicant shall have a governing board whose members have no material conflict or interest and serve without compensation.
8. Applicant shall have by-laws or policies that describe the manner in which business is conducted and policies that relate to nepotism and and management of potential conflict of interest situations.
9. Applicant shall have a minimum of one year of successful experience in providing permanency support services to families who have adopted, assumed legal guardianship or permanent custody of children.
10. The provider shall contact the client to initiate services within two working days of receiving a written referral from the referral source.
11. Other things to consider include: progress reports, documentation in case records, how payments will be made, accommodations for those clients' whose primary language is not English, coordination requirements with DHS, other Departments, criminal history, CWS central registry checks of employees, etc...

B. Secondary purchaser participation

(Refer to HAR Section 3-143-608)

No secondary purchases are planned. However, after-the-fact secondary purchases may be allowed upon approval of the Department and pursuant to §3-143-608 HAR.

C. Multiple or alternate proposals

(Refer to HAR Section 3-143-605)

_____ Allowed X Unallowed

D. Single or multiple contracts to be awarded

(Refer to HAR Section 3-143-206)

 X Single _____ Multiple _____ Single & Multiple

E. Single or multi-term contracts to be awarded

(Refer to HAR Section 3-149-302)

_____ Single term (<2 yrs) X Multi-term (more than 2 years)

Contract terms: The term of the contract will be six (6) years, subject to satisfactory performance and the availability of funding. The budget will be reevaluated every two years.

Initial term of contract: _____

Length of each extension: _____

Number of possible extensions: _____

Maximum length of contract: _____

The initial period shall commence on the contract start date or Notice to Proceed, whichever is later.

Conditions for extension:

(Include: Must be in writing, must be executed prior to expiration, etc.)

F. RFP contact person

The individual listed below is the sole point of contact from the date of release of this RFP until the selection of the successful provider(s). Written questions should be submitted to the RFP contact person and received by the day and time specified in Section 1, paragraph I (Procurement Timetable) of this RFP.

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Department of Human Services
Purchase of Services Unit
810 Richards Street, Suite 501
Honolulu, Hawaii 96813

Telephone: (808) 586-5669
Facsimile: (808) 586-5606
E-mail address: shull.dhs.hawaii.gov

III. Scope of Work

The scope of work encompasses the following tasks and responsibilities:

A. Service Activities

(Minimum and/or mandatory tasks and responsibilities)

1. Assessments

Qualified and certified staff must perform assessments. Assessments performed for CWS clients must be performed upon request and at the discretion of the CWS staff. If provider program resources cannot meet the demand, CWS unit supervisors shall prioritize the cases to be served. All assessments must include a determination of child safety.

For crisis intervention activities, services must start immediately. Assessments, if requested, will be completed concurrent with the activity.

2. In Home Crisis Intervention Services

The focus of home-based crisis intervention services is to prevent the out-of-home placement of the child, where appropriate. Crisis intervention services are to be provided for up to three months, with monthly extensions approved by the social worker. Service components shall include:

- a. Assessment
- b. Counseling
- c. Case Management
- d. Role Modeling/Mentoring
- e. Education, especially in the area of child development

3. Individual Program Planning

Provision of services to CWS clients under this contract must employ a collaborative model between the CWS social worker and the provider. To determine the individualized program plan, a telephone consultation or a face-to-face case conference will be held no later than one week from the date of referral. The consultation or conference must include the input of the client(s), the CWS worker, and the provider. The consultation or conference shall result in an individualized program plan signed by the client(s), CWS social worker, and provider to determine the services that will be provided.

Individualized program planning for non-CWS referrals must also employ a collaborative model between the program provider and the client(s) through in-person consultation. The consultation shall result in an individualized program plan signed by the client, and provider.

4. Case Management

The provider shall accept referrals, document the activity requested, receive information and documents from Department staff, perform assessments, set up and facilitate the individualized program planning meeting, write up the individualized program plan for signature, and coordinate and manage client services to achieve established goals. At the request of the Department's staff, the provider shall arrange for case conferences, including the revision of the individualized program plans.

For pre-permanency services, the provider must work closely with the DHS worker to set up an optimal transition plan for the child.

Case conferences and individualized program planning meetings may be by telephone or by face-to-face meetings. Families shall be included whenever feasible and appropriate. Meetings shall be scheduled at a time and place that accommodates the Department's staff and families to the greatest extent possible.

Any services to clients involved in, or in need of sexual abuse treatment must include the POS sex abuse treatment provider to ensure that program planning activities are well coordinated and consistent with the sexual abuse treatment plan.

5. Counseling Services

The provision of family, group, and/or individualized counseling will be based upon goals agreed upon in the individualized program plan. Services are intensive and focused on issues that present risk to the child or children. Services should be flexible in nature and the provider should accommodate parents' work schedules by providing services after hours and/or weekends. Services may be provided 1 to 2 hours weekly or more, depending on the needs of the family. Services may be provided in or outside of the home, whichever site is preferable to the family. Services may include, but are not limited to the following:

- a. Clinical therapy
- b. Problem-solving skill building
- c. Communication skill building
- d. Coping skill building
- e. Child behavior management training
- f. Education on child development

Counseling services shall exclude situations involving sexual abuse. These cases shall be referred to the Department's sexual abuse services purchase-of-service provider.

6. Parent Groups and Training

The need for education and support before and after permanency is critical. Parent groups or training conferences for professionals and families are an effective means of providing and expanding pre- and post-adoption services to families. Program components may include:

- a. Parenting groups or conferences to enhance child management skills by using simple, concrete techniques taught in a group format,

employing both educational materials and skill building exercises; providing information on normal child developmental stages.

- b. Parenting groups or conferences for parents with substance abuse problems to encourage and facilitate the parents understanding of the effect their substance abuse has on their children and to support, and encourage and facilitate the parent's participation in substance abuse treatment services.
- c. Socialization groups to develop concrete, everyday problem solving abilities as well as to learn how to interact with other people more productively.

The training component provides educational opportunities for permanency families and permanency professionals on permanency and parenting related topics. The goal of the training component is to improve parenting skills, and to help professional's better assist permanency families. Through training, the provider must work to foster connections among professionals from a variety of disciplines.

7. Permanency Information and Referral

The provider must include, but is not limited, to providing permanency information and outreach to the target group through the following:

- a. A phone line to answer questions from permanency families, professionals, and others interested in adoption or legal guardianship.
- b. A directory of agencies, professional services, trainings, and other resources.
- c. A resource lending library open to all permanency families to include books, tapes, videos, self study courses and information packets.

8. Child Care

Childcare is to be provided to target group families requiring childcare during activities and services provided under this contract. The provider is responsible for determining compliance with Department childcare rules and requirements. To the extent that the family may rely upon family members or neighbors to provide this service, staff approval will required to ensure that the child safety issues are adequately addressed.

9. Leadership Development Activities for Mutual Support

The provider must assist parent groups in the geographic areas covered under this contract to develop leadership among adoptive parents, legal guardians, and

permanent custodians to develop their own mutual support resources. Activities may include, but are not limited to the following:

- a. Helping parent groups develop or link with existing mentoring programs that will pair families for mutual support and respite.
- b. Creating and enhancing parent support groups.
- c. Supporting parents liaisons to serve as information and referral resources in their communities.
- d. Leadership development training activities, especially in the areas of permanency.

10. Child Centered Pre- and Post-Permanency Activities

Child centered pre- and post-permanency activities to reduce anxiety regarding the permanency process and improve connections between children and parents about permanency issues. May feature activities such as arts, crafts, and discussions designed to provide age and developmentally matched children with an opportunity to explore permanency with others that have had similar experiences.

B. Management Requirements (Minimum and/or mandatory requirements)**1. Personnel**

- a. The applicant shall develop policies that describe the grounds and circumstances for denial of employment or termination of current employees who have been found to have convictions or pending charges upon completion of any criminal history check or other investigation.
- b. The program staff shall have appropriate qualifications and necessary training to provide the proposed services and activities and demonstrate knowledge, capacity, skills and experience in working with the target population, and be knowledgeable of positive youth development philosophy and strategies. The Clinical counseling staff shall have a master's degree in social work or related field with a minimum of one –year experience. Supportive counseling staff must have a bachelor's degree and be under the close supervision and direction of a program coordinator with a master's degree in social work or related field. Substitution of a master's degree in a related field and demonstrated experience in counseling/rehabilitative services may be considered for the supervisor. Experience in working with families with children who have been or are threatened with harm is strongly preferred. All staff must be licensed, where applicable, to practice in the State of Hawaii.

2. Administrative

- a. The provider shall accept only families who are referred by the Department of Human Services or other professionals who identify the children as being harmed or at risk for abuse or neglect.
- b. The applicant shall meet with the State to discuss any aspect of the services.

3. Quality assurance and evaluation specifications

- a. All contracts shall be monitored by the Department of Human Services in accordance with requirements set forth by Chapter 103F, Hawai'i Revised Statutes. Contract monitoring shall include:
 - 1) Reviewing and approving of changes to contract's fiscal and program items, especially the budget, budget revision requests, invoices, performance measures plan, the performance measures report, the administrative assurance, the assurance of collaboration and other documents submitted to the DHS.
 - 2) Periodic site visits, both scheduled and unscheduled, to review major program service areas, such as:
 - a) Staff qualification, organization, and effectiveness.
 - b) Outcomes planning, implementation, and evaluation.
 - c) Collaboration (Informal and formal agreements and subcontracts).
 - d) File maintenance and record keeping.
 - e) Facility accessibility, suitability, and safety.
 - f) Transportation and other liability issues.
 - g) Consumer satisfaction.
- b. The applicant shall allow the DHS access to all materials, files and documents relating to the provision of services. In addition, the DHS may, at its discretion, observe individual, group, and educational sessions conducted by the applicant.
- c. The provider must maintain throughout the term of the contract a system of self-appraisal and program evaluation for evaluating the effectiveness of the activities provided. The evaluation process must include tools or instruments used to identify client indicators of change, which are relevant to client outcomes and include a process for making improvements or taking corrective action based upon the evaluation findings.

4. Output and performance/outcome measurements

- a. For this RFP, the focus will be on specific achievements of outcomes and milestones within the context of the permanency support services program and specific measurable changes in behaviors of pre-permanency (adoptive, legal guardianship, or assumed permanent custody of a child) and families that have adopted, assumed legal guardianship, or assumed permanent custody of a child. The outcomes describe the anticipated change in program participants that occurs as result of the service provided. The

successful achievement of milestones should be verifiable and documented by direct and indirect measures, observable events or behaviors, or indicators identified by the applicant. Applicants shall utilize Form 4-1, Performance Plan, located in Section 5, Attachments, to list the proposed outcomes and milestone to be achieved.

5. Experience

The Clinical Counseling staff shall have a master's degree in social work or related field with a minimum of one-year experience. Supportive counseling staff must have a bachelor's degree and be under the close supervision and direction of a program coordinator with a master's degree in social work or related field. Substitution of a master's degree in a related field and demonstrated experience in counseling/rehabilitative services may be considered for the supervisor. Experience in working with families with children who have been or are threatened with harm is strongly preferred. All staff must be licensed, where applicable, to practice in the State of Hawaii.

6. Coordination of services

The provider will work with other community organizations and state agencies to ensure that the families are provided with the necessary services to address their assessed needs.

7. Reporting requirements for program and fiscal data

a. Required Program Reports:

Program reports as specified by the DHS shall be due monthly and at the end of [REDACTED]. Applicants shall prepare and provide the Monthly Performance and Reimbursement Report Form based on their Milestone Achievement Form. The Milestone Achievement Form shall detail, by participant and milestones completed, the amount charged to the State for compensation.

b. Required fiscal Reports:

i. Providers will submit invoices in the format specified by the Department.

c. Penalties for Late Reporting

Unless otherwise specified in the contract, [REDACTED] program and fiscal reports are due 30 days after the end of the month.

Contracts are programmatically and fiscally monitored by the DHS. Monitoring includes the review of program reports and services;

budgets and revisions (as approved by the DHS); invoices and expenditure reports; and any issues applicable to services provided. Monitoring can take place at a variety of locations including the applicant's administrative office and the site(s) of service delivery.

C. Facilities

The facility must meet ADA requirements.

IV. Pricing or Pricing Methodology to be Used

Unless otherwise proposed and agreed between the applicant and the Department, the pricing methodology for this service is as checked below. Combinations of these pricing methodologies or pricing methodologies not listed below may also be proposed and agreed upon. The pricing methodology may be revised by mutual agreement throughout the term of the contract.

- ☒ Cost reimbursement where the State pays the contractor for budgeted costs that are actually incurred in delivering the services specified in the contract, up to a stated maximum contract amount.
- ☐ Fixed rate where the State pays the contractor a set rate for a defined unit of service up to a stated maximum contract amount. The State and the contractor agree on the number of units of service to be delivered for the stated contract amount.
- ☐ Negotiated rate where the State defines a unit of service and may predetermine the total number of units to be delivered or the maximum amount of funding available for the contract. The State then negotiates with the contractor the rate to be paid for each unit delivered.

Units of service and unit rate

Not applicable.